

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1801	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/11/2013
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF CROSSVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 80 JUSTICE ST CROSSVILLE, TN 38555		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the overall nursing home environment for the safety of residents and staff.</p> <p>The finding included:</p> <p>On 3/10/13 at 2:25 PM, observation within the janitor room in the dietary area revealed the rear wall was damaged up to 24 " high from floor level.</p> <p>The finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 3/10/13.</p>	N 831	<p>N 831</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected: The wall in the janitor room in the Food Service Department was repaired by the Director of Maintenance and Maintenance Assistant on 3/28/13.</p> <p>2. How will you identify other residents who have the potential to be affected by the same deficient practice and what corrective action will be taken. All current residents have the potential to be affected. Education was provided to Food Service associates 4/5/13 regarding reporting unsafe environmental concerns to the Director of Maintenance.</p> <p>3. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice will not recur? The Director of Maintenance or designee will audit the walls in Food Service monthly for three months to ensure proper integrity.</p> <p>4. How will the corrective action(s) be monitored to ensure the deficient practice will not reoccur; i.e., what quality assurance program will be put into place. The Director of Maintenance or designee will review the Food Service wall integrity audit and will report findings monthly times three months to the members of the Performance Improvement Committee. The committee will review the findings and make recommendations if any areas are found to be deficient. The Performance Improvement Committee includes the Medical Director, Executive Director, Director of Nursing, Pharmacist, Director of Rehab Services, Director of Business Development, Business Office Manager, Director of Admissions, Director of Environmental Service, Director of Health Information, Director of Recreational Services, Director of Maintenance, Director of Social Services, and Staff Development Coordinator.</p>	<p>3/28/2013</p> <p>4/5/2013</p> <p>4/5/2013</p> <p>4/5/2013</p>

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Executive Director*

TITLE

(X8) DATE

3/28/13

STATE FORM

8800

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If continuation sheet 1 of 1